

Customer's Own Material Program – Approval Form

CUSTOMER & PRODUCT INFORMATION

Date		Customer Account Number	
Dealer Name		Purchase Order Number	
Dealer Contact		SAFCO Order Number, if available	
Street Address		SAFCO Product Model Number	
City, State, Zip Code		SAFCO Product Quantity (units)	
Phone Number		Dealer Email	

TEXTILE INFORMATION

Mill		APPLICATION	
Fabric Color		Is there a desired top/bottom to the fabric? (YES/NO)	
Fabric Name/Number		Is the fabric a stripe or 2-color plaid? (YES/NO)	
Total Yardage Shipped			

TEXTILE ORIENTATION

